

2453

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Maricopa
 District of Mesa #3
 Town of Mesa
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 342
 Co. Register No. 98938
 Local Registrar's No. 572

(No. _____ NAME ADDED BY SUPPLEMENT _____ St. _____ Ward _____)

ULL NAME OF CHILD Don L. Shumway Born ☒
 f child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ☒ YES

Sex of child <u>Boy</u>	Twin, Triplet or other <u>one</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Oct. 12, 1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Elijah Gile Shumway</u>			Full Maiden Name <u>Sarah Elizabeth Willis</u>		
Residence <u>1/2 mi. E. of Mesa</u>			Residence <u>1/2 mi. E. of Mesa</u>		
Color or Race <u>White</u>	Age at last Birthday <u>34</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Garage Electric Machine Operator</u>			Occupation <u>Housewife</u>		
Number of child this mother <u>3rd</u>	Number of Children, of this mother, now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct. 12, 1920, at 10:20 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

(Attending physician, midwife, householder.)*

Given or Christian name added from a

Address

Supplemental report _____ 191_____

Filed Nov 1 1920

A True Copy

Filed Nov 6 1920
428-1012-262
 COUNTY REGISTRAR.

LOCAL REGISTRAR.

COUNTY REGISTRAR.